



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 4045

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/509,509		600	3737	MCI-7307

**APPLICANTS**

Duncan Alexander Robertson, Keltybridge, UNITED KINGDOM;  
 David Graham MacFarlane, Alyth, UNITED KINGDOM;  
 James Christopher George Lesurf, St. Andrews, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB03/01284 03/26/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0207370.8 03/28/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Initials  /CRYSTAL I LEACH/ Examiner's Signature	UNITED KINGDOM	14	18

**ADDRESS**

TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.  
 1300 EAST NINTH STREET, SUITE 1700  
 CLEVEVLAND, OH 44114  
 UNITED STATES

**TITLE**

Medical imaging apparatus

<b>FILING FEE RECEIVED</b> 1125	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit